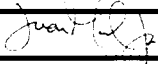



PLEASE TYPE OR PRINT IN BLACK INK

State Board of Elections
Springfield Office

37233-12

COMMITTEE NAME: Chicago Coalition Map to Redistrict Chicago		POLITICAL COMMITTEE ID #: 37233
8 REQUIRED COMMITTEE OFFICERS:		
POSITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS
CHAIR	Juan Morado, Jr.	71 South Wacker Dr, Suite 1600, Chicago, IL 60606 (312) 212-4967; jmorado@beneschlaw.com
TREASURER	Micaela Vargas	213 N. Morgan St, Unit 4F, Chicago, IL 60607 773-251-3470; micaela@mavconsult.com
9 POSITION, NAME AND ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S ACCOUNTS (IF DIFFERENT THAN OFFICERS)		
POSITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS
N/A	N/A	
10 FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF COMMITTEE FUNDS		
NAME		ADDRESS AND PHONE NUMBER
Bank of America		430 W. Roosevelt Ave., Chicago, IL 60607 (312) 757-7374
11 DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE		
<input checked="" type="checkbox"/> RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS <input type="checkbox"/> TRANSFER TO ANOTHER POLITICAL COMMITTEE: _____ <input type="checkbox"/> TRANSFER TO A CHARITABLE ORGANIZATION: _____		
IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS		
VERIFICATION: BALLOT INITIATIVE COMMITTEE ONLY I DECLARE THAT THIS <u>BALLOT INITIATIVE COMMITTEE</u> IS FORMED FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY. ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION. THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR NOMINATION FOR ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).		
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIR 		Juan Morado, Jr. DATE 02/15/2022
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEE ONLY I DECLARE THAT (i) THIS <u>INDEPENDENT EXPENDITURE COMMITTEE</u> IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE, OR POLITICAL ACTION COMMITTEE, AND (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).		
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIR		DATE
VERIFICATION: ALL POLITICAL COMMITTEES I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT OF ORGANIZATION IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1,001 AND UP TO \$5,000.		
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE 		Micaela Vargas DATE 2/15/2022
THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU ARE A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5,000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.		

ALL POLITICAL COMMITTEES RETURN TO:

 STATE BOARD OF ELECTIONS
 2329 S MacARTHUR BLVD
 SPRINGFIELD, IL 62704-4503

 FAX: 217-782-5959
 E-MAIL: D1@ELECTIONS.IL.GOV (D-1s ONLY)

 STATE BOARD OF ELECTIONS
 69 W WASHINGTON ST, STE LL-08
 CHICAGO, IL 60602-3026

 FAX: 312-814-6485
 E-MAIL: D1@ELECTIONS.IL.GOV (D-1s ONLY)